



**ANNUAL REPORT
OF GUARDIAN**

Case No. _____
Court _____
County _____

COMMONWEALTH OF KENTUCKY)

VS.)

RESPONDENT)

* * * * *

I, the undersigned, state that I am the ☐ Guardian ☐ Limited Guardian of the above-named Respondent, and report to the Court as follows:

1. Present age of Ward: _____.
2. Date of birth: _____.
3. Current address of Ward: _____.
4. Ward's present living arrangement is:

<input type="checkbox"/> Own home	<input type="checkbox"/> Nursing home
<input type="checkbox"/> Guardian's home	<input type="checkbox"/> Skilled care
<input type="checkbox"/> Hospital	<input type="checkbox"/> Intermediate care
<input type="checkbox"/> Relative's home	<input type="checkbox"/> Personal care

Relationship

☐ Other: _____

5. Ward has been at present residence since _____.
If Ward has lived elsewhere during the reporting period, list description and address of each residence and the length of stay at each.

6. During this reporting period, the Ward's mental condition has:

☐ Remained about the same.

☐ Improved. Describe: _____

☐ Deteriorated. Describe: _____

7. During this reporting period, the Ward's physical health has:

☐ Remained about the same.

☐ Improved. Describe: _____

☐ Deteriorated. Describe: _____

8. During this reporting period, the Ward's social condition has:

☐ Remained about the same.

☐ Improved. Describe: _____

☐ Deteriorated. Describe: _____

9. During this reporting period, the Ward has received the following services:

Medical: _____

Educational: _____

Social: _____

Vocational: _____

Other: _____

10. My visits and activities on behalf of the Ward were:

11. The guardian [] should [] should not be continued or modified for the following reasons:

12. I [] do [] do not have responsibility for managing the Ward's estate. If so, an accounting of the estate [] is attached [] was filed last year.

13. A standby guardian [] has [] has not been appointed.

Date	Guardian
Guardian's Phone Number	
Guardian's Social Security Number	Address

* * * * *

SUBSCRIBED and SWORN to before me this _____ day of _____, _____.

My Commission expires: _____.

Notary Public

* * * * *

To be signed by Standby Guardian if one is appointed.

I, the undersigned, state that I am the Standby Guardian of the above-named Respondent and continue to be willing to serve in the event of the death, resignation, removal or incapacity of the Guardian.

Date	Signature of Standby Guardian
Standby Guardian's Phone Number	
Standby Guardian's Social Security Number	Address